

**Mail To:**  
**VDACS**  
**Office of Charitable Gaming**  
**PO Box 526**  
**Richmond, VA 23218**



**Form 102**  
**QUARTERLY FINANCIAL REPORT**  
**Must be filed by any organization realizing**  
**any charitable gaming receipts in the quarter.**  
**THREE PAGES - COMPLETE ALL**  
**VDACS FINANCE CODE: 988-02199**

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**  
**OFFICE OF CHARITABLE GAMING**

Select the Quarter that is being reported

1st 1/1 thru 3/31 June 1st	2nd 4/1 thru 6/30 Sept. 1st	3rd 7/1 thru 9/30 Dec. 1st	4th 10/1 thru 12/31 March 1st
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

" X " the Reported Quarter

**ORGANIZATION INFORMATION**

If this organization is either a Volunteer Fire Department or Rescue Squad enter **X** in the adjacent box ☐

Organization Name \_\_\_\_\_ OCG No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Contact Person \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**PART 1 - RECEIPTS**

1. Bingo Paper Sales Before Discounts	
2. Electronic Bingo Device Sales Before Discounts	
3. Bingo Session Instant Bingo, Seal Cards, Coin Board Sales	
4. Bingo Session Treasure Chests and Raffle Sales	
5. Bingo Session Miscellaneous Sales ( <i>Daubers, Tape, etc.</i> )	
6. <b>TOTAL RECEIPTS FOR ALL BINGO SESSIONS</b>	(Line 1 thru Line 5)
7. Discounts Given	
8. <b>ADJUSTED RECEIPTS FOR BINGO SESSIONS</b>	(Line 6 minus Line 7)
9. Raffle and other Outside Gaming Sales	
10. <b>TOTAL RECEIPTS FOR QUARTER</b>	(Line 8 plus Line 9)

**PART 6 - AUDIT AND ADMINISTRATION FEE CALCULATION**

11 a. Audit&Administration Fee (Line 10 X 1.125%)		
b. Late Filing Penalty All organizations subject to late filing penalty of \$25 per day after due date.		
c. Payments already made for this report		
d. <b>TOTAL FEE DUE WITH REPORT</b>	Make check payable to: Treasurer of Virginia	(line 11a+11b-11c)

Quarter \_\_\_\_\_

OCG# \_\_\_\_\_

ORG NAME \_\_\_\_\_

PART 2 - PRIZES		
12. a. Bingo Games		
b. Bingo Session Instant Bingo, Seal Cards, Pull-Tabs		
c. Bingo Session Treasure Chests and Raffles		
d. Door Prizes		
e. Raffles and other Outside Gaming		
f. <b>TOTAL PRIZES AWARDED</b>	(Line 12a thru 12e)	

PART 3 - EXPENSES		
13. Cash Payments from Funds at Bingo Sessions		
14. Cash Shortage or Overage (If this is overage, enter as a negative figure so it will subtract)		
15. Payments to Registered Suppliers		
16. Rent Paid for Electronic Bingo Devices		
17. Raffle Supplies		
18. Bingo Hall Lease Payments		
19. Payments to Office of Charitable Gaming		
20. All other Gaming Expenses		
21. a. Use of Proceeds Facility Disbursements		
b. Use of Proceeds Charitable Donations		
c. Use of Proceeds Transfers to Restricted Account		
d. <b>TOTAL USE of PROCEEDS</b>	(Line 21a thru 21c)	
22. Business Expenses		
23. <b>TOTAL DISBURSEMENTS</b>		(Line 12f thru 22)

QUARTER \_\_\_\_\_

OCG# \_\_\_\_\_

ORG NAME \_\_\_\_\_

PART 4 - CASH RECONCILIATION		
24. Beginning Reconciled Bank Balance (from previous report)		
25. Beginning Cash on Hand		
26. Returned Checks Collected (redeposit of bad checks)		
27. Earned Interest Income		
28. Deposits from Non-Gaming Sources		
29. Total Receipts for Quarter (Line 10 from page one)		
30. TOTAL FUNDS AVAILABLE (Lines 24 thru 29)		
ENDING BANK BALANCE		
31. a. Bank Statement Balance -End of Quarter		
b. Add Deposits in Transit		
c. Subtract Outstanding Checks		
d. ENDING RECONCILED BANK BALANCE (Line 31a thru 31c)		
32. Ending Cash on Hand		
33. Returned Checks (bad checks from players)		
34. Total Disbursements for Quarter (Line 23 from page two)		
35. TOTAL FUNDS ACCOUNTED FOR (Lines 31d thru 34)		
Line 30 must equal Line 35 for this report to be in balance		
REPORT IS OUT OF BALANCE BY		

PART 5 - REQUESTED INFORMATION	
36.	<u>All Progressive Bingo Game Receipts</u>
37.	<u>Bingo Attendance(Customer Count)</u>

I, the undersigned, do hereby swear or affirm that the figures and statements on these pages and on the attachments are true, full, and correct to the best of my knowledge and belief.	
Signature of President or Designee	Date:
Print Name: _____	Title: _____